



Send completed forms
to DOH Communicable
Disease Epidemiology
Fax: 206-418-5515

Q Fever

County _____

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Other: _____
Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
Date Received ____/____/____
DOH Classification
☐ Confirmed
☐ Probable
☐ No count; reason: _____

REPORT SOURCE

Initial report date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation
start date:
____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____

☐ Derived

Diagnosis date: ____/____/____

Illness duration: _____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Fever** Highest measured temp: ____ °F
Type: ☐ Oral ☐ Rectal ☐ Other: ____ ☐ Unk

☐ ☐ ☐ ☐ **Chills**

☐ ☐ ☐ ☐ **Retrobulbar headache**

☐ ☐ ☐ ☐ **Muscle aches or pain (myalgia)**

☐ ☐ ☐ ☐ Headache

☐ ☐ ☐ ☐ Cough onset date: ____/____/____

☐ ☐ ☐ ☐ Malaise

☐ ☐ ☐ ☐ Rash

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy Place of death _____

Laboratory

Collection date ____/____/____

P = Positive O = Other, unknown

N = Negative NT = Not Tested

I = Indeterminate

P N I O NT

☐ ☐ ☐ ☐ ☐ **C. burnetii culture (clinical specimen)**

☐ ☐ ☐ ☐ ☐ **C. burnetii antigen or nucleic acid detection (clinical specimen)**

☐ ☐ ☐ ☐ ☐ **C. burnetii IgG or IgM**

☐ ☐ ☐ ☐ ☐ **C. burnetii phase II or phase I antibodies 4-fold rise (serum pair ideally taken 3-6 weeks apart)**

☐ ☐ ☐ ☐ ☐ **Serum aminotransferase (SGOT [AST] or SGPT [ALT]) elevated above normal**

Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Immunosuppressive therapy or disease

☐ ☐ ☐ ☐ Pregnant

Estimated delivery date ____/____/____

OB name, address, phone: _____

☐ ☐ ☐ ☐ Valvular heart disease or vascular graft

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ **Meningoencephalitis**

☐ ☐ ☐ ☐ **Hepatitis**

☐ ☐ ☐ ☐ Hepatomegaly

☐ ☐ ☐ ☐ Splenomegaly

☐ ☐ ☐ ☐ **Pneumonia or pneumonitis**

X-ray confirmed ☐ Y ☐ N ☐ DK ☐ NA

☐ ☐ ☐ ☐ Endocarditis

NOTES

INFECTION TIMELINE

Enter onset date (first sx)
in heavy box. Count
backward to determine
probable exposure period

Days from
onset:

Exposure period

-21

-14

o
n
s
e
t

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or
outside of usual routine

Out of: ☐ County ☐ State ☐ Country

Dates/Locations: _____

- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
- ☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
- ☐ ☐ ☐ ☐ **Epidemiologically linked to a consistent exposure**

- ☐ ☐ ☐ ☐ Unpasteurized milk (cow)
- ☐ ☐ ☐ ☐ Other unpasteurized milk (e.g. sheep, goat)
- ☐ ☐ ☐ ☐ Case lives or works on farm or dairy
- ☐ ☐ ☐ ☐ Work with animals or animal products (e.g.
research, veterinary medicine, slaughterhouse)
- Animal birthing/placentas ☐ Y ☐ N ☐ DK ☐ NA
- Specify animal: _____

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PUBLIC HEALTH ISSUES

Y N DK NA

- ☐ ☐ ☐ ☐ Source animal or bird identified
- ☐ ☐ ☐ ☐ Did case donate blood products, organs or tissue
(including ova or semen) in the 30 days before
symptom onset? Date: ____/____/____
- Agency and location: _____
- Specify type of donation: _____
- ☐ ☐ ☐ ☐ Potential bioterrorism exposure
- ☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

- ☐ Notify blood or tissue bank
- ☐ Follow-up/prophylaxis of laboratorians exposed to specimen
- ☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____

Investigation complete date ____/____/____

Local health jurisdiction _____

Record complete date ____/____/____